



# Psychology Internship Program

## Loma Linda VA Healthcare System

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**APPIC MATCH Numbers: General Internship 112611  
Neuropsychology 112612  
Applications Due: November 1, 2023**

## ***Accreditation Status***

The predoctoral internship at the Loma Linda VA is fully accredited by the Commission on Accreditation of the American Psychological Association (the next site visit will be during the academic year 2028).

**This year the Loma Linda VA will be recruiting 7 interns for our general track (which consists of three 4-month rotations) and 1 intern for our Neuropsychology track (which will consist of an 8-month Neuropsychology rotation and one additional 4-month elective rotation).**

## ***Application & Selection Procedures***

The Psychology Internship Program is accredited by the American Psychological Association (APA) and is listed in the APPIC (Association of Postdoctoral and Psychology Internship Centers) Directory. This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant prior to Uniform Notification Day.

It is important to note that a CERTIFICATION OF REGISTRATION STATUS, CERTIFICATION OF U.S. CITIZENSHIP, and DRUG SCREENING are required to become a VA intern. The Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. It is not necessary to submit this form with the application, but if you are selected for this internship and fit the above criteria, you will have to sign it. All interns will have to complete a Certification of Citizenship in the United States prior to beginning the internship. We will not consider applications from anyone who is not currently a U.S. citizen. The VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns are not required to be tested prior to beginning work, but once on staff they are subject to random selection as is other staff.

\*The VA policy on non-discrimination can be found below:

[https://www.va.gov/optometry/docs/VHA\\_Directive\\_1018\\_Nondiscrimination\\_in\\_Federally\\_Conducted\\_Education\\_and\\_Training\\_Programs.pdf](https://www.va.gov/optometry/docs/VHA_Directive_1018_Nondiscrimination_in_Federally_Conducted_Education_and_Training_Programs.pdf)

\*Additionally, access to the COA (Commission on Accreditation) can be found below

<http://www.apa.org/ed/accreditation/about/coa/>  
750 First St. NE, Washington DC 20002-4242

*This document may contain links to sites external to Department of Veterans Affairs.  
VA does not endorse and is not responsible for the content of the external linked websites.*

Health Professions Trainees (HPTs) (psychology interns and postdocs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner. In light of this, the VA system recently mandated that all HPT's provide proof of COVID vaccination or provide documentation of a religious or medical exemption why they are not vaccinated. Failure to provide this proof would make an HPT unable to train in the VA system.

Additionally, VA employees and HPT are subject to random drug testing, please take a moment to review the VA system drug policy below. Please note, this policy includes the use of cannabis even in states in which the recreational and medicinal use of cannabis is legal. The VA follows federal guidelines, not local state guidelines.

[VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#)

For additional helpful information regarding the eligibility requirements for HPTs at the VA please follow the links below: <https://www.psychologytraining.va.gov/eligibility.asp>  
<https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf>

#### **PLEASE SUPPORT YOUR APPLICATION WITH THE FOLLOWING:**

- Cover Letter. Please clearly indicate if you are applying to the General Track or the Neuropsychology Track. It is acceptable to apply for both tracks, but you must outline your specific interests for each. For applicants who apply for both tracks, we will be interested in how each of the specific tracks would satisfy your training interests.
- Curriculum Vita
- Transcripts from graduate universities
- One sample of a comprehensive psychological testing report (please ensure that the report is deidentified to ensure confidentiality)
- Three letters of recommendation
- Verification of internship eligibility and readiness signed by your Director of Training
- APPIC Application for Psychology Internship (APPI) located at <http://www.appic.org>
- PLEASE SUBMIT ALL OF THE ABOVE APPLICATION MATERIALS ONLINE THROUGH THE APPIC WEBSITE, ACCORDING TO APPIC INSTRUCTIONS.
- ALL APPLICATION MATERIALS MUST BE RECEIVED ON OR BEFORE TO **NOVEMBER 1st**. ALL CANDIDATES ARE NOTIFIED OF THEIR INTERVIEW STATUS BY **DECEMBER 15TH**, CONSISTENT WITH APPIC GUIDELINES. PLEASE SUBMIT APPLICATION MATERIALS ACCORDING TO APPIC GUIDELINES.

### **Internship Admissions, Support, and Initial Placement Data:**

#### **INTERNSHIP PROGRAM TABLES**

**Date program tables are updated: 05/30/2023**

**Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:**

Our goal is to train psychology interns to be competent practitioner/scholars in Clinical/Counseling Psychology. The underlying philosophy of our Psychology Internship Program emphasizes that graduates will be first and foremost psychologists who are well grounded in the theory and science of psychology who then go on to become and function as professional psychologists in a variety of settings. Ideally candidates who would be a good fit for this model would desire becoming well prepared and competent entry-level professionals in the discipline of clinical psychology in the following areas: Research, Ethical & Legal Standards, Individual & Cultural Diversity, Professional Values, Attitudes & Behaviors, Communication & Interpersonal Skills, Assessment, Psychological Intervention, Supervision, and Consultation & Interprofessional/Interdisciplinary Skills.

<b>Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:</b>		
Total Direct Contact Intervention Hours	<b>Yes</b>	Amount: 500
Total Direct Contact Assessment Hours	<b>Yes</b>	Amount: 100

**Describe any other required minimum criteria used to screen applicants:**

All applicants must be a US citizen and the Federal Government requires that male applicants to VA positions who were born after 12/31/59 must sign a Pre-appointment Certification Statement for Selective Service Registration before they are employed. Additionally, applicants must have completed their comprehensive exams and have a minimum of three years of graduate study prior to internship year.

**Financial and Other Benefit Support for Upcoming Training Year\***

Annual Stipend/Salary for Full-time Interns	\$38,484
Annual Stipend/Salary for Half-time Interns	n/a
Program provides access to medical insurance for intern?	Yes
<b>If access to medical insurance is provided:</b>	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hours per 2-week pay period
Hours of Annual Paid Sick Leave	4 hours per 2-week pay period
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe):	

**Initial Post-Internship Positions**

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	<b>2020-23</b>
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Total # of interns who were in the 3 cohorts	24	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	<b>PD</b>	<b>EP</b>
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	13	5
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	4	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	2
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

## ***Psychology Setting***

Within the Mental Health Service (MHS) and throughout the Healthcare System, psychologists play a vital role in virtually every program. Currently, MHS employs over 60 psychologists, which include the Psychology Executive, 3 Supervisory Psychologists, 2 Directors of Training, and numerous key section and team leads across both inpatient and outpatient care. Assignments for the staff psychologists are as follows: Behavioral Health Interdisciplinary Program (BHIP), PTSD Clinical Team (PCT), Primary Care Mental Health Integration (PCMHI), Health Psychology, Pain/Health Psychology, Access/Intake Clinic, Inpatient Psychiatric Unit, Neuropsychology, Psychological Assessment, Dual Diagnosis/CORE, Substance Treatment & Recovery (STAR), Psychosocial Rehabilitation & Recovery Center (PRRC), High Risk Psychotherapy/Suicide Prevention, Healthcare for Homeless Veterans (HCHV), Geropsychology, Community Based Outpatient Clinics (CBOCs), Compensation & Pension, and Disruptive Behavior Committee.

The major functions of psychology within the Mental Health Service include the provision of psychological services to patients, consultation, teaching, assessment, program development and outcomes evaluation. Psychologists provide comprehensive services to inpatients and outpatients within the healthcare system and to their families through a variety of roles. In addition, they serve as members of interdisciplinary treatment teams on both inpatient and outpatient units, coordinators of vocational and psychosocial rehabilitation programs, and serve the Medical Center as consultants.

Psychology consultants from universities, local hospitals, and private practice may augment the staff. Behavioral Medicine has a strong affiliation with Loma Linda University's Graduate School of Psychology and School of Medicine. Loma Linda VA also annually trains 10-14 Practicum Students and 10 Postdoctoral Residents. Postdoctoral Positions are available in: Health Psychology, Holistic Mental Health, Psychological Assessment, Neuropsychology, General Outpatient Mental Health (aka BHIP, with an emphasis in third wave behavioral psychotherapy) and PTSD Treatment. The Psychology Internship Program has been accredited by the American Psychological Association (APA) since 1981.

In addition to the psychological services under the Description of Training Opportunities section in this brochure, the Psychology Section also consists of a Vocational Counseling Program. This program provides career exploration, vocational rehabilitation planning, job search assistance, training in job interviewing techniques, and referral to community-based programs. It also consists of the Compensated Work Therapy (CWT) Program, which places veterans in highly supervised, part-time positions as part of their vocational rehabilitation.

## ***Training Model and Program Philosophy***

Our goal is to train psychology interns to be competent practitioner/scholars in Clinical/Counseling Psychology. The underlying philosophy of our Psychology Internship Program emphasizes that graduates will be first and foremost psychologists who are well grounded in the theory and science of psychology then going on to become and function as professional psychologists in a variety of settings. Clinical applications and the process of scientific inquiry are built upon foundational psychology courses in the interns' curriculum and practicum experience.

## ***Program Goals & Objectives***

The comprehensive mission of our psychology internship training is to provide our predoctoral interns with the experiences necessary for them to become scientifically oriented, thoroughly ethical, intensively trained and highly skilled psychologists, well-prepared and competent as entry-level professionals in the discipline of clinical psychology in the following areas: Research, Ethical & Legal Standards, Individual & Cultural Diversity, Professional Values, Attitudes & Behaviors, Communication & Interpersonal Skills, Assessment, Psychological Intervention, Supervision, and Consultation and Interprofessional/Interdisciplinary Skills. We emphasize training in psychology within the context of a holistic approach to human health and welfare. Furthermore, as our program is located in Southern California, a vital aspect of our mission is the education of our interns to work with individuals of diverse ethnic and cultural backgrounds. Our program emphasizes an awareness of and sensitivity to cultural and human diversity as central to all psychological training and future practice.

The Neuropsychology Track provides the opportunity to emphasize training consistent with the sub-field's standards (the Houston Conference Guidelines) while maintaining a broad and general training focus. Interns completing the Neuropsychology Track will be well prepared for competitive postdoctoral residency positions in clinical neuropsychology and/or geriatric psychology.

## ***Program Structure***

In August 1978, the first formally funded Psychology intern was appointed at the Jerry L. Pettis Memorial Veterans Medical Center. There are currently eight fully funded psychology interns receiving training; of these, seven positions are in the General Track, and one is in the Neuropsychology Track. Paid

appointments are full-time for a 12-month period and usually start in late August. Internships are available for doctoral candidates enrolled in APA-accredited clinical or counseling psychology programs only.

The psychology internship is a broad-based experience designed for the individual who wishes to work with the varied patient population found in a general hospital or outpatient clinic. The intern will have an opportunity to work with adults and, in some cases, with other members of the family. At the beginning of each four-month rotation, each intern and supervisor develops specific training goals and completes the Supervision Agreement. An evaluation is done midway through each rotation. At the end of the rotation, a final evaluation is developed for transmittal to the Directors of Training, and to the intern's graduate school/department. Intensive supervision is an important aspect of this program. Each intern usually takes part in three, four-month rotations during the year; the intern in the neuropsychology track is required to complete two of the three rotations in the neuropsychology clinic. The intern is expected to work 40 hours each week, and this is typically between the hours of 8:00am and 4:30pm. Offsite opportunities are available but not required at some of our Community Based Outpatient Clinics (CBOCs). The intern is actively involved in assessment, consultation, multidisciplinary decision-making, and group and individual therapies with both inpatients and outpatients largely utilizing Evidence Based Psychotherapies. By special arrangement, the intern may be provided time to pursue an area of personal research or professional development. In addition, all interns will participate in the Psychodynamic/Interpersonal clinic, which is a training clinic in which interns are given the opportunity to provide therapy to one client weekly over a 9–10-month period utilizing psychodynamic approaches. Supervision focuses on looking at current problems in the context of developmental and unconscious forces that are being replayed in the present. Interns focus on increasing their knowledge base and clinical skills in psychodynamic/interpersonal approaches to psychotherapy.

All Psychology interns are supervised in accordance with the American Psychological Association (APA) and the Board of Psychology (BOP), State of California Guidelines and Principles. The Directors of Training meet with supervisors weekly to discuss the performance and growth of interns in order to provide the best training possible.

A vast array of ongoing and continuing education seminars and case conferences are offered through the Psychology and Behavioral Healthcare Services, as well as the Loma Linda University Medical School. These include our weekly, didactic Intern Seminar on a wide range of professional psychology topics, the weekly Supervision of Supervision Group, weekly Neuropsychology Case Conference (required for Neuropsychology Track interns), weekly Multi-site Neuropsychology didactic (required for Neuropsychology Track interns), weekly Assessment Clinic, weekly Evidence Based Psychotherapy (EBP) Conference, and a weekly Psychodynamic/Interpersonal Therapy Group Supervision meeting. At least two hours of individual supervision with a California licensed psychologist are also provided every week. Outstanding library, computer, and medical media services are available to all interns. Authorized leave for continuing education and professional conference attendance is also available. All trainee data/files are maintained by the Training Directors and kept in secure electronic files with limited access to the Training Directors and current clinical supervisor(s).

## ***Description of Training Experiences***

### ***Please note-. Re: Rotation Closure***

From time to time one or more of the rotation placements may be unavailable to interns. Rotation placements should be closed to interns when they do not present good learning opportunities. This may occur when, for instance, a supervisor plans prolonged time away from work, there is significant reorganization occurring on a unit, the psychologist has just arrived on a unit and needs time to develop or solidify a role in the setting prior to providing supervision for interns, or when interns consistently report that a particular placement does not provide an adequate training environment. Generally, when a rotation is to be closed, the supervisor involved will be the one making the request for rotation closure. However, under some circumstances, closure may be initiated by the Training Directors and/or the Training Committee. In such a case, it will be the responsibility of the supervisor to develop a plan to remedy the problems.

**Please note-. Re: COVID 19 and telehealth/teleworking**

The COVID-19 pandemic has created numerous personal and professional challenges for us all. One of these challenges is uncertainty about what will happen next week, next month, and especially one year from now.

The Loma Linda VAHCS Psychology training program has prided itself on its transparency, providing detailed and accurate information about our program and training opportunities. With COVID, transparency means we cannot definitively predict how specific rotations or adjunctive training opportunities may evolve for the 2023/2024 training year.

We can say that there will likely be more utilization of telehealth and technology-based delivery platforms. We do not expect there to be any significant changes to the base clinical services or populations served through rotations and adjunctive experiences described in our materials. Although a lot happened during 2020-2023 with all trainees and many staff abruptly shifting to providing clinical services and training remotely, our dedication to high-quality clinical care and psychology training, and our dedication to the trainees themselves has never been stronger.

We will update our public materials as we know more about what will be for the 2024/2025 training year. Please feel free to reach out to us if you have any questions. Contact information can be found at the bottom of the Application Process page.

## **TRAINING OPPORTUNITIES**

### **ACUTE MENTAL HEALTH TEAM (AMH):**

The AMH Team provides services to Veterans located at the VA Loma Linda Main Hospital, which houses all emergency services and our inpatient medical and psychiatric units. Training opportunities within the AMH Team are split between two separate rotations: the AMH - ACUTE PSYCHIATRIC UNIT rotation and aspects of the CLINICAL HEALTH PSYCHOLOGY rotation (listed separately in the brochure). Training activities with the AMH Team offer trainees the opportunity to work in a highly dynamic and fast-paced environment while learning specialized skills in treatment and assessment. AMH rotations especially help prepare the trainee for opportunities in inpatient psychiatry, forensics, consultation-liaison psychology, neuropsychology, geropsychology, and rehabilitation psychology. Interns on either rotation will receive supervision from licensed clinical psychologists working on the AMH Team with additional supervision and mentoring provided by additional psychology staff and medical staff (particularly board certified psychiatrists who work on our acute psychiatric unit, consultation & liaison service, and emergency department). Psychology trainees will also have the opportunity to work closely with trainees of other disciplines including medical residents and fellows, medical students, nursing students, and social work interns.

*Please note that training opportunities within the AMH Team necessitate trainees to be present on-site to render face-to-face care (when possible with considerations to the COVID-19 pandemic conditions) due to the nature of the inpatient populations we serve. Trainees will be provided with education on all proper safety and health precautions at the beginning of their rotation, and will be provided with any PPE determined necessary per guidance from VA Loma Linda's Infectious Disease Clinic.*

### **AMH - ACUTE PSYCHIATRIC UNIT (APU) ROTATION:**

This rotation is located on the Acute Psychiatric Unit (APU), with possible limited or peripheral roles with the Consultation and Liaison service and/or Emergency Services. Trainees will work with an interdisciplinary team in providing care to Veterans hospitalized psychiatrically. Trainees will get an opportunity to work with individuals with severe mental illnesses (SMI). Diagnoses treated include substance use disorders, schizophrenia spectrum disorders, bipolar disorders, major depressive disorder, and PTSD as well as various personality disorders.

This rotation can be adapted based on the trainee's interests and experiences, but will generally include the following:

- Trainees will obtain experience leading/co-leading daily process and psychoeducational groups (e.g., DBT Skills, Introduction to CBT).
- Trainees will get exposure to psychological assessment and report writing. This includes psychodiagnostic assessments and brief neuropsychological screens to help with differential diagnosis and treatment planning.
- Trainees may gain experience with 1:1 therapy with patients on the unit, primarily in a Solution Focused therapy model. Additionally, trainees will get exposure to intake interviewing focused on differential diagnosis and treatment planning utilizing the DSM 5.
- Trainees may have the opportunity to serve on the Disruptive Behavior Committee (DBC) as a trainee-liaison for the APU. Additionally, the trainee will conduct risk assessments, and present findings in a multidisciplinary environment.
- Trainees may be involved with providing individual and group chronic pain treatments to inpatient Veterans including CBT for Chronic Pain, ACT for Chronic Pain, and Biofeedback.
- There may also be some opportunity for trainees to observe and assist the Emergency Services team in on-call coverage, including triage in the emergency room.

## **BEHAVIORAL HEALTH INTERDISCIPLINARY PROGRAM - (BHIP):**

The trainee on this rotation will be supervised in the provision of evidence-based psychotherapy services on teams within the Behavioral Health Interdisciplinary Program (BHIP). Activities include the provision of evidence-based treatments to a diverse population of individuals and groups; treatment planning; and participation on an interdisciplinary treatment team. Interdisciplinary teams are usually comprised of psychologists, psychiatrists, nurse practitioners, LVN's, social workers, pharmacists, and admin support staff.

There are many training opportunities available on the BHIP rotation. Below are listed multiple training opportunities. Not all training groups or types of treatments may be available at any given time based on staffing, available supervisors, groups sizes, flow of patients, demands or needs of the BHIP team, etc. Also, supervisors in BHIP use a developmental model of supervision; as such, the amount of training and various levels of training below are based in part on the trainee's experience, level of training, and what experiences may round out their experience. Thus, not all training opportunities are guaranteed based upon these factors. We as a team of supervisors do our very best to make sure that interns get effective training including most of what they are aiming for to round out their training.

### **STANDARD TRAINING EXPECTATIONS:**

- Participation as an effective member on an interdisciplinary treatment team including collaborating with other disciplines. This may include presenting intakes and therapy cases to the interdisciplinary team and providing feedback to members of the team on cases and course of treatment, etc.
- Conduct Intakes which includes a biopsychosocial evaluation, determining diagnoses, appropriate treatment planning for patients, consulting with psychiatrist (as needed) for medications for patients new to mental health, and providing referrals to various types of group and individual therapies.
- Ongoing treatment planning meetings with patients to revise their treatment plans once they are in the program. This often involves some education on types of treatments, levels of treatment, and some motivational interviewing.
- Evaluation to determine patients' candidacy, readiness, and appropriateness for various forms of Evidence-Based Psychotherapies.
- Providing a variety of evidence based-therapies in group and individual formats.

### **SELECTIVE TRAINING OPPORTUNITIES:**

- Co-lead/Lead an Evidence-Based Psychotherapy group:
  - CBT-Depression group
  - ACT Depression/Anxiety group
  - CBT-Anxiety group

- CBT-Insomnia group
- CBT-Chronic Pain group
- REACT group (CBT & DBT skills for Anger Management)
- Provide Individual Evidence-Based Psychotherapy
  - CBT-Depression or Anxiety
  - Acceptance and Commitment Therapy
  - CBT-Insomnia
  - CBT-Chronic Pain
  - CBT-Anger Management
  - Cognitive Processing Therapy for PTSD
  - DBT skills

**ELECTIVES:** (not all of these will be possible on one 4-month rotation. Interns may be able to participate in 1-2 electives due to time constraints).

- PTSD Coping Skills group
- CPAP Desensitization group (systematic desensitization)
- General Coping Skills group
- Mindfulness and Compassion group
- Group therapy within the Women's Clinic (i.e., STAIR, Postpartum Depression Prevention, etc.)
- Limited opportunities to conduct Psychodiagnostic assessments as needed

### **C.O.R.E. (Co-occurring Recovery Empowerment Program)/PRRC (Psychosocial Rehabilitation and Recovery Center):**

This training opportunity is split between the C.O.R.E (Dual Diagnosis program) and the Psychosocial Rehabilitation Recovery Center (PRRC).

A. C.O.R.E. is a multidisciplinary treatment program providing outpatient treatment for veterans with severe and persistent mental illness and substance use disorders. The program is a residential treatment program with most veterans living in recovery or sober-living houses while they attend /treatment activities at the ACC. The program is 9- to 12-months long, or longer. The C.O.R.E. program provides services for veterans with substance abuse and severe persisting co-morbid mental disorders. It is a day treatment program currently staffed by three psychologists, an addiction therapist, a peer support specialist and two social workers. The program consists of groups, individual therapy, psychological testing, case management and work therapy.

*Possible opportunities include:*

- Facilitation of the Assessment and Evaluation Group (Readiness Group), which assesses patients' readiness for treatment utilizing Motivational Interviewing/Motivational Enhancement Therapy (MET), also opportunity for individual MI/MET sessions with veterans
- Facilitation of a 16 session Harm Reduction group series
- Group therapy-trainee will lead a 2 x a week DBT skills group/Process group (Phase 2) as well as a 1 x week ACT/DBT/Mindfulness based group (Phase 3)
- Become familiar with the DSM criteria of substance use disorders
- Treatment Planning
- Psychological Assessment - opportunity for MMPI/PAI/MCMI/RORSHACH as well as cognitive screenings
- Opportunity to co-facilitate and teach PTSD coping skills in weekly C.O.R.E. phase 2 skills group
- Brief individual therapy and case management
- Crisis Intervention to evaluate and assess for s/i, h/i, and other high-risk psychiatric issues.

- Consultation with other treatment programs/providers
- Facilitate and teach DBT skills/ACT skills in a group setting for Phase 1 and Harm Reduction group veterans
- Psycho-educational groups (CBT-D, CBT-A, Relapse Prevention)

B. In the PRRC program the trainee is a member of multidisciplinary treatment teams and contributes actively to all phases of assessment, treatment planning, and intervention. The trainee will have opportunities to interact with pharmacists, physicians, nursing staff, social workers, addition therapists and peer supports in a Recovery Model based training environment. The psychology trainee can expect to assume responsibilities and gain supervised experience with a variety of diagnoses and be exposed to veterans with a wide array of persisting mental illnesses.

*Specific activities may include:*

- Individual therapy
- Group therapy
- Psycho-educational groups (Social Skills/Assertive Communication/Cognitive Therapy/Anger Management)
- Psychological assessment for diagnostic clarification and treatment planning
- Program planning
- Consultation with multi-disciplinary team
- Crisis intervention
- Family Meetings/Family Group

## **GEROPSYCHOLOGY:**

A. The trainee on the Geropsychology rotation works with four main populations on the Community Living Center (CLC): Veterans with a skilled nursing need due to medical condition(s), Veterans receiving acute physical rehab, Veterans admitted for hospice care, and Veterans that require a secured environment due to a behavioral need (advanced neurocognitive impairment or those on conservatorship). Psychology is an active member of the treatment team and provides therapy and assessment for Veterans who are dealing with issues related to aging, loss of function, cognitive decline, and grief and loss. Psychology also provides care for terminally ill veterans and their families as they face end-of-life concerns and is part of the hospice care in the CLC as well as the outpatient Palliative Care Consult Team.

B. The typical age is 65+, with age ranging from 20 through 100. Veterans present with a wide array of conditions to include affective disorders, adjustment disorders, PTSD, dementia, delirium, and substance abuse. Veterans present with a wide spectrum of medical diagnoses.

C. The trainee is a member of the interdisciplinary treatment team and contributes actively to all phases of assessment, treatment planning, and intervention.

*The psychology trainee can expect to assume responsibilities and gain supervised experience in the following areas:*

- Functioning as a member of an interdisciplinary team and influencing the milieu
- Providing individual therapy
- Promote nonpharmacological interventions to address challenging dementia related behavior through the collaborative development and modification of behavioral plans with the interdisciplinary team
- Providing assessment to include clinical interviewing, neuropsychological screening, and capacity evaluations as needed
- Facilitate ongoing program development and improvement with interdisciplinary staff to include medical providers, nursing staff, occupational/physical/speech therapists, chaplains, dietary staff, and social workers.

## **CLINICAL HEALTH PSYCHOLOGY:**

### **A. Program Description**

The Mission of the Clinical Health Psychology program is: *“Veterans’ integrative health is number one.”* We aim to provide accessible, effective services that will meaningfully improve our Veterans’

combined (i.e., physical, mental, social, spiritual) health. We strive to help Veterans realize their values, to maximize their quality of life by preventing diseases whenever possible, and to promote quality of life even with chronic medical conditions. We work within interdisciplinary teams to deliver interventions to promote healthy behaviors and reduce health risks at multiple levels including: individual and group psychotherapy, trainings, coaching and consultation with other health providers, and system-level strategies aimed at colleagues in primary and specialty care as well as executive leadership.

Our Clinical Health Psychology training emphasis respects the skills and experience of our trainees while providing them with a well-rounded health psychology experience to help clarify and move closer to their career goals while maximizing “marketability.” A breadth of experiences is provided, including an introduction to the concepts and culture of Clinical Health Psychology, individual and group-based lifestyle skills management interventions, values-driven, Cognitive Behavioral Therapy (CBT), mindfulness-based behavior change strategies, motivational interviewing and enhancement trainings, assessments, and program development and evaluation. There are many opportunities for providing education to Veterans, consultation with allied health professionals, and tiered supervision of other psychology trainees. Depending on training level, there are also opportunities for specialization in one or more areas (e.g., chronic pain management, biofeedback training, diabetes management, pre-surgical assessments).

The Clinical Health Psychology Service and training emphasis is comprised of two areas of clinical practice:

Outpatient Health Psychology focuses on the development of skills commonly utilized in outpatient clinic settings (e.g., medical specialty clinics, such as gastroenterology; and mental health services for specific medical conditions, such as diabetes), which focus on psychological interventions within the context of all levels of prevention. Outpatient Health Psychology services are located at the VA Loma Linda Ambulatory Care Center (ACC).

Medical Health Psychology focuses on the application of health psychology within a medical context, typically at the secondary and tertiary levels of prevention. These activities are located at the VA Loma Linda Medical Center working in a combination of inpatient and outpatient settings alongside several interdisciplinary teams comprised of physicians, nurses, and other medical staff. In addition to treatment, clinicians and trainees conduct pre-procedural evaluations and consult with various medical teams.

## **B. Location and Population**

The Clinical Health Psychology program is co-located between the VA Loma Linda Medical Center in Loma Linda, CA, and the VA Loma Linda Ambulatory Care Center (ACC), in nearby Redlands, CA. Our program provides services to Veterans across a diversity of ages, gender identification, and cultural and ethnic backgrounds. Veterans present with an extensive range of medical concerns including (but not limited to) diabetes, obesity, organ failure, cancer, pre- and post-operative status, chronic pain syndromes, sleep apnea, and insomnia. These health conditions are often comorbid with various mental health symptoms and diagnoses such as depression, anxiety, PTSD, eating disorders, substance use disorders, and personality disorders.

*Please note that training opportunities within the Inpatient Clinical Health Psychology emphasis necessitate trainees to be present on-site to render face-to-face care due to the nature of the inpatient populations we serve. Trainees will be provided with education on all proper safety and health precautions at the beginning of their rotation and will be provided with any PPE determined necessary per guidance from VA Loma Linda’s Infectious Disease Clinic. For the Outpatient Clinical Health Psychology emphasis, there is the possibility of partial telehealth from home as part of the work schedule.*

## **C. Faculty and Supervision**

The Clinical Health Psychology training program is staffed by psychologists who are located within the Health Psychology Service and collaborating psychologists in the Psychological Assessment Service, the Acute Mental Health (AMH) Service, and Physical Medicine and Rehabilitation (PM&R).

Therefore, psychologists and trainees routinely work within various interdisciplinary teams consisting of physicians, nurses, social workers, physical therapists, occupational therapists, respiratory therapists, dieticians, chaplains, and affiliated trainees, among others. Psychology trainees of all levels are active members of the treatment teams which they are a part of.

Primary supervision is provided by California-licensed staff psychologists, with additional (adjunctive) training and supervision in specific clinical activities provided by other VA Loma Linda staff psychologists. Supervision meets or exceeds all requirements from the California Board of Psychology and ample supervision is provided to meet requirements for eventual licensure in the State of California. In addition to routine weekly individual supervision with a licensed clinical psychologist within the program, it is common for trainees of all levels to receive additional individual supervision, participation in co-therapy/assessment, and direct observation of cases. Interns and postdoctoral residents also participate in weekly program-level group supervision. Interns and practicum trainees may receive additional “tiered supervision” from trainee at a more advanced level of training.

The VA Loma Linda Psychology Training Program and Clinical Health Psychology faculty are committed to your time with us being a *training* experience to prepare you for your future in clinical psychology rather than merely a working experience!

#### **D. Day and Time Requirements**

The Clinical Health Psychology Service staff provide clinical care from Monday through Thursday. Interns are encouraged to seek a modified tour-of-duty (work schedule) that corresponds with the service’s schedule. However, modified schedules are at the discretion of facility leadership. Historically, many of our interns choose to work a modified schedule Monday through Thursday with 1.5 hours on Friday for psychodynamic (long-term) psychotherapy group supervision.

#### **E. Training Opportunities:**

Trainees in the Clinical Health Psychology emphasis will have the opportunity to gain experience across a variety of core and elective activities. Core activities are *required* components of the training experience which trainees are expected to participate in. Elective activities are decided based upon the trainee’s personal training goals and availability. As the program is constantly evolving, please note that any rotation activities are subject to change.

Interns will participate in all weekly meetings and trainings and all outpatient and inpatient “core” activities. Interns will spend approximately half of their week in outpatient care, and half of their week in inpatient care and/or performing surgical evaluations. Outpatient core choices for interns are based on split rotation and availability of groups on their scheduled days.

#### Clinical Health Psychology Weekly Meetings and Training:

- Weekly Health Psychology Team Meeting - Mondays
- Biofeedback Didactics - Mondays
- Weekly AMH/Clinical Health Psychology Didactics - Thursdays
- Tiered Supervision provided by Psychology Postdoctoral Fellows (Based on availability)
- Tiered Supervision of Psychology Practicum Students (Based on availability)

#### Core Outpatient Clinical Activities (depending on designated Outpatient days):

- Stress Management / Biofeedback Group - Mondays
- Diabetes Empowerment Group (DEG) - Tuesdays
- HealthMate for Inflammatory Bowel Disease (IBD) Group – Wednesdays
- HIV Group – Infectious Disease – Tuesdays
- Individual Health Behavior Interventions (e.g., Individual treatment for adjustment to terminal illness, new medical diagnoses, cancer, weight management/obesity, stress-related medical disorders, and CBT-Chronic Pain as available)

#### Core Medical Health/Inpatient Clinical Activities:

- Inpatient Medical Consultation Liaison Service
  - Psychotherapy

- Neurocognitive and Psychodiagnostic Assessment
- Capacity Evaluation
- Case Consultation
- Rounds with Consultation-Liaison Psychiatry
- Pre- and Post-Bariatric Surgery Evaluations
- Pre-Transplant Evaluations
- Pre-Spinal Cord Stimulator Evaluations
- Pre-Amputation Evaluations
- Participation in Interdisciplinary Team Meetings
- Individual Health Behavior Interventions (e.g., Individual treatment for adjustment to terminal illness, new medical diagnoses and cancer, weight management/obesity, stress-related medical disorders, and CBT-Chronic Pain as available)

Clinical Health Psychology Elective Clinical Activities (as available):

- Biofeedback training and psychophysiological assessment for veterans
- Tinnitus Group – 2 sessions per month – Wednesday mornings with Audiology Department
- MOVE Program – weight management and pre-bariatric surgery program teamed with dietician and Nutrition Department
- Sleep Disorders
  - Cognitive Behavioral Therapy for Insomnia (CBT-I)
  - CPAP Desensitization
- Chronic Pain Treatments
  - Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)
  - Acceptance and Commitment Therapy for Chronic Pain (ACT-CP)
- Mindfulness-based and values-driven therapies
- Consultation and Care Coordination with Primary Care-Mental Health Integration (PCMHI) and Behavioral Health Integrated Program (BHIP) staff and trainees
- Consultation and Care Coordination with Primary Care and Specialty Medical Clinics
- Observation of surgical procedures in the Operating Room (e.g., bariatric surgery amputation; hernia repair).
- Process Improvement Projects and Research
- Clinician Education and Coaching
- Loma Linda University Medicine Grand Rounds

## **NEUROPSYCHOLOGY:**

The neuropsychology rotation is offered to the Neuropsychology Track intern for the first two rotations and to the General Track interns for the third rotation. The trainee on the Neuropsychology rotation will develop specific skills in neuropsychological consultation within a general medical setting and assess Veterans with a wide variety of neurological, medical, and psychological disorders including various types of dementia, traumatic brain injury, seizure disorder, and mood disorders. Veterans are referred from all medical departments/clinics of the Loma Linda VAMC, including Primary Care Clinics, Behavioral Medicine, Geriatric Primary Care, Dementia Clinic, Cardiology, Oncology, Nephrology, Neurology, Polytrauma, Infectious Disease, Community Based Outpatient Clinics, and Addictions Treatment. Interns may also have the opportunity to participate in the supervision of psychology practicum student(s) depending on the intern's previous experience.

The rotation objectives for the trainee include:

- Developing proficiency in evaluating brain-behavior relationships.
- Gaining increased understanding of the functional deficits and behavioral manifestations of common neurobehavioral syndromes and disorders.
- Developing proficiency in conducting a comprehensive neuropsychological assessment (i.e. refinement of the referral question, pertinent record review, clinical interviewing, test administration and scoring, data interpretation, report writing, and Veteran and family feedback).

Additional educational opportunities may include:

- Weekly Neuropsychology Didactics held in conjunction with other VA sites across the country. These 2-hour conferences include didactic information, case conceptualization, and fact-finding

exercises. Additionally they include presentations from experts in their respective fields. (required for Neuropsychology Track interns)

- Weekly Neuropsychology Case Conference (required for Neuropsychology Track interns)
- Journal Club
- Brain Cuttings

Additional clinical opportunities may include:

- Facilitation of neuropsychology groups:
  - Cognitive stimulation group for Veterans with mild dementia
  - Healthy aging
  - Mild TBI education
  - Brain Builders (multidisciplinary group with Veterans experiencing Post-Concussion Syndrome)
- TBI screeners
- Brief cognitive screeners
- Brief inpatient evaluations

In addition to specialized neuropsychology skills and activities, the Neuropsychology rotation provides trainees with opportunities for developing generalist skills, such as:

- Gaining a comprehensive knowledge of the DSM-5 and making differential diagnoses.
- Managing ethically complex situations that may impact patient care and well-being
  - Suicide risk assessment and follow-up arrangements
  - Military Sexual Trauma (MST)
  - APS/CPS reports
  - Interpersonal violence
  - Learning/understanding various VA resources available to Veterans and their families
- Treatment planning including making referrals across multiple disciplines within the VA system (e.g., Geriatric Primary Care, prosthetics, sleep clinic, BHIP, OT/PT/SLP).
- Exposure to both primary supervisors within the clinic that allows for greater exposure to diverse training, styles, and expertise. Additionally, the neuropsychology supervisors have an open-door policy, allowing for collaboration, immediate and creative problem solving, and enhanced learning.

## **PTSD CLINICAL TEAM (PCT):**

### **A. Program Description**

The PTSD Clinical Team (PCT) is a comprehensive specialty treatment program providing prompt access and optimum continuity of care for veterans experiencing emotional or other psychological difficulties as a result of traumatic experiences in their life. The goal of PCT is to support diverse veterans with a trauma history in establishing and maintaining healthy, balanced, and active lives, enhanced interpersonal and social skills, and to strengthen their emotional health and support systems. While the VA provides trauma-related treatments across all levels of mental health care, the PCT is an intensive outpatient program focusing exclusively on PTSD, including for patients who may have co-morbid DSM-5 diagnoses. The program offers a menu of services from which individualized treatment plans are collaboratively developed with veterans. It is the expectation that veterans will take an active role in their treatment planning and care coordination in order to tailor treatment to their personal needs and goals, and to optimize treatment effectiveness. The PCT program model is aimed at helping veterans recover from the effects of trauma and enjoy an improved quality of life.

Services offered in PCT are organized into three levels. The primary level emphasizes trauma-focused, evidence-based psychotherapy (EBP; e.g., Cognitive Processing Therapy (CPT), Prolonged Exposure (PE)). An additional level offers symptom management and skills development therapies with the intention of preparing veterans for trauma-focused EBPs. Veterans may begin their treatment in either level, depending on readiness. The third, or advanced, level of treatment includes process-oriented, integrative, and holistic treatments. PCT takes a flexible approach to treatment and attempts to meet the

veterans where they are by considering the stages of recovery and degree of readiness. Each veteran is assigned a Pathfinder within the staff to oversee treatment planning and progress.

#### B. Population

PCT offers treatment to veterans with diverse identities including but not limited to a wide range of ages (e.g., twenties to nineties), gender identification, sexual orientation, physical abilities, and cultural and ethnic backgrounds. Veterans from a range of different military branches and eras of war (e.g. Vietnam, Persian Gulf, OEF/OIF/OND) receive treatment within the PCT. Uniquely, the Loma Linda VA PCT offers treatment for life span trauma including: combat-related trauma, sexual trauma, as well as non-military traumatic events occurring in childhood or adulthood.

#### C. Staffing and supervision

The PCT is a comprehensive interdisciplinary treatment program consisting of individuals from Psychology, Social Work, Chaplaincy, Medication Management, and administrative support personnel. Psychology trainees of all levels are active members of the team and may include psychology practicum students, psychology interns, a PCT psychology postdoctoral fellow and up to two Holistic Mental Health psychology postdoctoral fellows. Other trainees frequently involved in the PCT are Social Work Interns and Chaplain Interns. Trainees obtain experience co-facilitating clinical activities with psychologists and team members from other disciplines. In addition to a primary supervisor, interns also often obtain clinical or adjunct supervision and/or consultation from more than one of the psychologists and other team members working within this program.

#### D. Training Activities

In addition to weekly intern training experiences, specific PCT training activities may include:

##### Core PCT Training Experiences:

- Facilitation of PCT orientation appointments to orient newly referred patients to PCT program and provide information on PTSD
- Provision of individual intake assessments to confirm DSM 5 diagnosis of PTSD, differential diagnoses, and engage in collaborative treatment planning
- Comprehensive assessments to determine patients' candidacy, readiness, and appropriateness for engagement in specialty PTSD treatment including trauma-focused evidence-based psychotherapy
- Facilitation of psycho-educational groups or individual psychotherapy which may include: PTSD Coping Skills, Mindfulness, Mantram Repetition, & Skills Training in Affective and Interpersonal Regulation (STAIR)
- Individual evidence-based psychotherapy to include Cognitive Processing Therapy
- Participation in weekly interdisciplinary team meeting

##### Potential Additional Training Experiences (pending availability):

- Facilitation of advanced phase group psychotherapy, which may include: ACT for PTSD, Forgiveness, and/or Moral Injury
- Receiving and providing tiered supervision of a designated PCT trainee
- Ongoing collaborative recovery-based treatment planning with patients
- Outreach activities within the healthcare and community settings as available

### **PRIMARY CARE MENTAL HEALTH INTEGRATION (PCMHI):**

**Description:** The full-time, four-month psychology internship rotation in the outpatient Primary Care Mental Health Integration (PCMHI) provides trainees with the opportunity to work alongside both Medical and Mental Health Services. Interns are trained in a variety of clinical activities, including brief evidence based psychotherapy for mild to moderate psychopathology, integration of behavioral health interventions into psychotherapeutic approaches, and coordination of treatment within a multidisciplinary team of both primary care and mental health providers. Interns will become familiar with the integrated model as part of a celebrated PCMHI team ranked in the top 5 nationally across all VAs in unique patients seen, total visits, and percentage of primary care patients served. Integrated behavioral health services represent a blossoming subspecialty within mental health since the passage of the healthcare reform via the Patient

Protection and Affordable Care Act (ACA). In an effort to improve health outcomes, reduce costs, and enhance patient experience, every major healthcare system across the United States is actively expanding its focus on population-based interventions to move from “volume-based” to “value-based” care.

The primary care environment is fast-paced and dynamic; interns will have ample opportunities engage in warm hand-offs, curbside consultation, huddles, all while maintaining their own individual caseload. Interns will be co-located within an assigned Primary Care team, being available for scheduled and unscheduled appointments. PCMHI takes an open and flexible approach to provide the highest quality of care, and diverting clinical resources to areas most in need. Our treatment approach entails addressing behavioral health needs within the primary care setting through individual, phone, telehealth, and group visits which are both brief (30 minutes) and time-limited (1-6 visits). The intern will provide treatment using interventions such as Prolonged Exposure in Primary Care (PE-PC), Motivational Interviewing (MI)/Motivational Enhancement Therapy (MET), Cognitive-Behavioral Therapy for Depression/Anxiety (CBT-D/CBT-A), Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), Cognitive-Behavioral Therapy for Insomnia (CBT-I), Problem Solving Training (PST-PC), and Acceptance & Commitment Therapy (ACT).

Note: Depending on staffing and availability, opportunities may be available to participate in multidisciplinary meetings with VA Loma Linda Transgender Clinic (Unity Clinic). Additionally, trainees may have the opportunity to be trained in administration of Cross-Sex Hormone Therapy Evaluations.

**Supervision:** Provided by licensed clinical psychologists working in Primary Care Mental Health Integration (PCMHI). Additional supervision and mentoring is provided by PCMHI Postdoctoral Fellows, under the supervision of a licensed psychologist. Supervision includes at least two weekly hours of individual, face-to-face supervision by a licensed psychologist, and attending the group supervision activities and didactics as part of the overall general internship program.

Clinical Activities include an orientation to the VA's interdisciplinary PACT (Patient Aligned Care Team) model and training in a variety of **C**ore and **E**lective services and roles. These include:

- **C:** Embedded location within an assigned Primary Care clinic at the VA Loma Linda Ambulatory Care Center.
- **C:** Provide patient-centered care while working collaboratively with providers from other professions (e.g. psychiatrist, physicians, social workers, nurses, and nurse practitioners).
- **C:** Provide evidence-based interventions for a variety of mental health concerns, including depression, anxiety, anger management, stress management, chronic pain, grief and loss, sleep disturbance, mild substance abuse, and PTSD.
- **C:** Assist with triage, same day access, and referral to appropriate mental health services.
- **C:** Ongoing program development and process improvement.
- **C:** Consultation/Liaison with Primary Care providers & other trainees (e.g., Walk-in Mental Health Triage/Intake Clinic/Same Day Access Clinic).
- **C:** Attend huddles within the PACT.
- **E:** Co-lead PCMHI classes and group psychotherapies with staff and other trainees.
- **E:** Presentations and outreach for PACT team members.
- **E:** Attend quarterly PACT trainings.

**PCMHI classes currently/recently available:**

- Anger Management
- Anxiety Support Group
- Caregiver Support
- Depression and Anxiety Group
- HEAL for Stress and Depression
- Interpersonal Effectiveness Group
- Postpartum Support Group
- Retrain Your Brain
- Sleep, Pain and Mood Group

- Warrior Renew

## **SUBSTANCE TREATMENT AND RECOVERY (STAR) PROGRAM:**

Trainees seeking experience in working with primary substance diagnoses have a range of opportunities for this type of training. They may do a full-time rotation in the STAR Program that consists of working with patients along the continuum of the stages of change in a primarily abstinence-based setting and making referrals to Harm Reduction services as deemed appropriate.

The STAR program is a multidisciplinary treatment program for veterans with substance use disorders (SUDs). The team consists of a Psychologist, a Psychiatrist, a Clinical Pharmacist, Social Workers, Addiction Therapists, Addiction Medicine Physicians and Nursing Staff, and Peer Support Specialists.

At the heart of STAR is the Intensive Outpatient Program (IOP), with most patients either living at home or in sober-living communities while they attend treatment activities here in the hospital. Based on individual circumstances, some patients may be allowed to reside in STAR housing for up to 90 days. The IOP itself is typically 9-12 months long, tailored to patient need, and consists of five discrete phases. Patients “phase up” based on their individual progress and ability to maintain sobriety over time. Whereas STAR patients often present with co-occurring disorders (e.g., Depression, Anxiety, or PTSD secondary diagnoses), those patients with severe, persistent mental disorders (e.g., Schizophrenia, Bipolar, and or Psychosis) are more typically enrolled in the dual-diagnoses CORE program.

STAR patients attend a combination of psychoeducational and process-oriented therapy groups using various modalities and interventions. These include cognitive-behavioral, relapse-prevention, motivational interviewing and 12-step focused principles, DBT-based skills training, Mindfulness meditation, codependency groups for Significant Others, anger and PTSD symptom management, individual therapy, brief psychological assessment and testing (as needed), recreational therapy, individual case management and a work therapy program. Additionally, STAR has its own trauma education and PTSD treatment track, known as STRIPE.

Trainees who are assigned a rotation with STAR may observe and/or participate (which may entail cofacilitation or independent facilitation) in some of the following treatment opportunities and duties:

- Group therapy across the five phases of the STAR IOP: Phase I (Responsibility), Phase II (Readiness), Phase III (Action), Phase IV (Resilience), and Phase V (Transition)
- Brief Individual psychotherapy.
- Assessment and Evaluation (“Willingness Group”). Members of the STAR Willingness Team assess patients’ readiness for treatment across six dimensions using the American Society of Addiction Medicine (ASAM) criteria. Willingness Team identifies and recommends the appropriate level of care and serves as the entry point into STAR.
- Treatment Planning and Case management.
- Multi-disciplinary treatment staff meetings.
- Becoming more familiar with the DSM 5 criteria for Substance Use Disorders (SUDs).
- Becoming more familiar with medical issues related to withdrawal, detoxification, and maintenance medications.
- Crisis Intervention (as needed) to assess for SI, HI, and other high-risk psychiatric issues.
- Exposure to the interface between the legal system and treatment through collaboration with staff in the Veteran’s Justice Outreach program, working with court-mandated patients.

## **SUICIDE PREVENTION (SPREV) HIGH-RISK THERAPY:**

### **A. Description**

Compared to the general population, veterans are at higher risk for dying by suicide. The majority have not had consistent engagement in VA care. SPREV’s objective is to engage veterans identified as high risk for suicide and re-hospitalization in outpatient psychotherapy and case management. The key is preventing the need for acute hospitalization by addressing underlying triggers of suicidal ideation.

To our knowledge, the SPREV therapy clinic is unique to VA Loma Linda. Located at our Ambulatory Care Center, we are a multidisciplinary team of social workers, psychologists,

psychiatrists, nurse practitioners, and peer support specialists. The SPREV team works closely with the Behavioral Health Interdisciplinary Program (BHIP), Acute Psychiatric Unit (APU), and ACCESS Clinic mental health medical providers. Veterans are provided evidence-based individual and group treatments (e.g., CBT, DBT, CPT, ACT) in a timely manner not always available on other teams. Though crisis management may be needed, SPREV is not a crisis intervention team, urgent care, or walk-in clinic.

SPREV clinicians also participate in the REACH VET (Recovery Engagement and Coordination for Health-Veterans Enhanced Treatment) program, which identifies veterans who are at the top 0.1% for risk of repeated hospitalization and/or death by suicide or medical complication. A veteran does not have to already have a history of suicidal behavior or psychiatric hospitalization to be identified by the REACH VET program. Every month, the local REACH VET coordinator provides outreach to newly or re-identified veterans at high risk to assess veteran's care needs.

**B. What would be involved in the training opportunities?**

Trainees will have the opportunity to manage their own caseload of high-risk veterans (assigned based on incoming skill set and personal training goals). Trainees will come across a wide variety of clinical presentations and socio-demographics. Common diagnostic presentations at the SPREV clinic include: Post-traumatic Stress Disorder (PTSD), Substance Use Disorders, Major Depressive Disorder, Severe Mental Illness (SMI), and Personality Disorders. Opportunities to co-lead psychotherapy groups may also be available.

Individual therapy cases will be distributed from the post-discharge (POST IP) clinic or referred by the SPREV case managers. The POST IP clinic and brief individual psychotherapy often include, suicide risk assessment, collaborative suicide prevention planning, motivational interviewing, brief cognitive behavioral therapy, and emotion regulation/distress tolerance skills building. This rotation would be a good fit for a trainee interested in learning a systems-approach to addressing and treating suicidal ideation in an outpatient setting across different mental health diagnoses and psychosocial needs.

**C. Training Goals/Objectives:**

Developing basic-to-intermediate skills/knowledge in:

- VA initiatives to reduce veteran suicide
- Suicidology
- Destigmatizing and demystifying treatment of suicidal ideation
- Increasing therapist confidence in:
  - Suicide risk assessment
  - Collaborative suicide prevention safety planning
  - Crisis intervention
  - Addressing suicidal ideation in therapy
- Brief psychotherapy/Motivational Interviewing
- Strengths-based, integrative case conceptualization
- Care Coordination/Case management
- Multidisciplinary collaboration/consultation
- Effective administrative skills, including:
  - Documentation
  - Thorough chart review
  - How to make referrals
- Provider self-care

**D. Supervision:**

At least one hour of weekly individual, face-to-face supervision by a licensed clinical psychologist on the SPREV team. Intermittent observation of individual sessions. Co-facilitating groups. Review of case notes.

**E. Tour of Duty:**

- Practicum part-time 16 hours a week; 7:30am to 4:00pm.
- Intern full-time 40 hours a week; 7:30am to 6:00pm Mon-Fri except Tuesdays.
- Hours may be negotiable.

## ***Requirements for Completion of Internship***

Interns must complete one year (2080 hours) in order to graduate from the internship. All this time must be on-site except for designated Federal Holidays, Authorized Absence, Annual Leave and Sick Leave. The American Psychological Association requires 1500 hours for pre-doctoral internship; the Department of Veterans Affairs requires 1900 hours; and the state of California requires 1500 hours for licensure. Other states have different requirements, therefore please consult with the Board of Psychology in the state you want to eventually become licensed in for their specific requirements.

## ***Facility and Training Resources***

The Psychology Interns have full access to the same level of clerical and technical support as Staff Psychologists. Each intern is provided with a computer or terminal that has complete access to the VA Hospital Network, Microsoft Office, and the internet. Secure printers and fax machines are also available. Medical Support Assistants are available to assist Psychology Interns in scheduling appointments, checking in veterans for appointments, and other administrative tasks. Interns also have access to technical support through the Help Desk if needed.

The VA has a state-of-the-art computerized hospital record system that is networked at the national level. Learning how to utilize this system will be a part of the intern's early training on internship. On this network a number of psychological tests are available to be computer administered, and an extensive battery of tests are also available in the Neuropsychology Testing Lab. Psychology Interns are also able to utilize the hospital's library, which has additional computer based resources through affiliation with Loma Linda University. Multimedia equipment, including audio and video equipment, can be accessed through the Medical Media Service.

At this time, the Psychology Interns have designated offices at the ACC. If the office is not in use by the intern, then they are shared with other Psychology Trainees who do not have designated offices for psychotherapy. Interns at the Main Hospital often have a shared workspace for charting, or check out an individual room when needed. Each Intern will have a primary computer workstation and telephone in their office along with available locked cabinets for storage of personal belongings and sensitive information. Rooms are available to reserve for individual psychotherapy, and larger rooms are available throughout the hospital for group therapy and meetings.

## ***Administrative Policies and Procedures***

The length of this internship is 2080 hours over 52 weeks. Interns accrue four hours of annual leave and four hours of sick leave for every pay period (every two weeks). Requests for leave time must be entered electronically into VATAS prior to taking the leave, and the interns should let the Training Director and all affected supervisors know about leave via e-mail. Interns will not be allowed to "borrow against" leave that they have not yet accrued. If an intern is out unexpectedly, they will need to notify their supervisor and the Behavioral Medicine timekeeper as soon as possible. Authorized Absence (AA) for professional development can also be requested, but it is up to the discretion of the Training Committee & supervisors to approve the requests. Examples of appropriate AA activities include continuing education, professional conferences, and official meetings with your Dissertation Committee. AA can only be taken for the days that these meetings occur; travel time must be taken as Annual Leave.

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## ***Training Staff***

### **ANA ABU-RUS**

*Behavioral Health Interdisciplinary Program, Women's Health Center*  
Ph.D., 2021, Alliant International University, San Diego, Clinical Psychology

Professional interests: Women's issues such as reproductive health and maternity care, Recovering from intimate partner violence through Strengths and Empowerment (RISE) Intervention for Intimate Partner Violence (IPV), Interpersonal Therapy (IPT), Reach Out, Stay Strong, Essentials for mothers of newborns (ROSE) Program for prevention of postpartum depression, Trauma treatments such as CPT, PE, PTSD Coping skills, Skills Training in Affective and Interpersonal Regulation (STAIR), ACT, HRV-Biofeedback, multicultural/diversity concerns, Cognitive-Behavior Therapy Enhanced for Eating Disorders, mindfulness, and program development.

**KELLIE ASHBY**

*Behavioral Health Interdisciplinary Program*

Psy.D., 2015, University of La Verne, Clinical Psychology

Evidence-based psychotherapies including Cognitive Behavioral Therapy for Insomnia, Dialectical Behavioral Therapy, Cognitive Processing Therapy for PTSD, and Cognitive Behavioral Therapy for Depression. Other interests include assessment, multicultural and diversity issues, and strengths-based psychotherapy.

**CRISTINA BALESH**

*Behavioral Health Interdisciplinary Program (BHIP)*

Psy.D., 2016, University of La Verne, Clinical Psychology

Professional interests: Cognitive Behavioral Therapy for Depression, Dialectical Behavioral Therapy, Cognitive Processing Therapy, Cognitive Behavioral Therapy for Insomnia, anger management work, mindfulness skills, trauma work, individual and group therapy, professional training and development, and multicultural and diversity.

**JULIE BAZZO**

*Behavioral Health Interdisciplinary Program (BHIP)*

Psy.D., 2014, Loma Linda University, Clinical Psychology (Specialization in Clinical Health Psychology)  
M.Ed., 2005 Boston University, Counseling Psychology (Specialization in Sport Psychology)

Evidence-based Cognitive Behavioral Psychotherapies with emphasis in Acceptance and Commitment Therapy (ACT) & Dialectical Behavior Therapy (DBT). Clinical responsibilities include individual psychotherapy, group therapy, and clinical interview/intake. Interest in patients with comorbid chronic physical and mental health conditions. Practicum student supervisor for Behavioral Health Interdisciplinary Program (BHIP).

**LORI BRODIE**

*Behavioral Health Interdisciplinary Program*

Ph.D., 2003, University of California, Santa Barbara, Counseling/Clinical/School Psychology

Professional interests: Cognitive-Behavioral Therapy, Dialectical Behavior Therapy, Cognitive Processing Therapy for PTSD, Acceptance and Commitment Therapy, Biofeedback, psychological evaluation for weight loss surgery, cross-cultural and diversity issues.

**TAYLOR BROUGHTON**

*Behavioral Health Interdisciplinary Program*

Psy.D., 2021, George Fox University, Clinical Psychology

Professional interests: individual and group therapy, psycho-diagnostic testing, assessment, interpersonal psychotherapy, acceptance and commitment therapy, and processed-based approaches to psychotherapy.

**JOSHUA M. BULEY**

*Behavioral Health Interdisciplinary Program - Evaluation*

Psy.D., 2004, Indiana State University, Clinical Psychology

Professional interests: Cognitive behavioral therapy, differential diagnosis, professional issues.

**CHRISTINE CARDENAS**

Geropsychology Outpatient Clinic

Ph.D., 2009, New Mexico State University, Counseling Psychology

Clinical interests: Geropsychology, dementia, caregiver support, and multicultural and diversity issues.  
Evidence-based psychotherapies: Interpersonal Psychotherapy for Depression, Cognitive-Behavioral Therapy for Depression, Cognitive Processing Therapy for PTSD.

**TYSON CHUNG**

*Behavioral Health Interdisciplinary Program*

Ph.D. 2007, Fuller Theological Seminary Graduate School of Psychology, Clinical Psychology

Professional interests: Psychological assessment, outpatient psychotherapy

**PAUL CUSTER**

*Behavioral Health Interdisciplinary Program: Rancho Cucamonga CBOC*

Ph.D. 2001, Fuller Theological Seminary, Graduate School of Psychology

Post-Doctoral Fellowship at Patton State Hospital, 2002

Professional interests: Severe mental illness, psychodynamic psychotherapy, integrating theoretical approaches, professional training and development

**LUTHER E. DAVIS**

*Deputy Associate Chief of Staff for Mental Health*

Ph.D., 2006, Loma Linda University, Clinical Psychology

MHA, 2019, University of Southern California

ABPP in Clinical Psychology

Program management and policy, data analytics and performance improvement, cognitive-behavioral therapy, primary care mental health integration, motivational interviewing, cognitive processing therapy, military mental health, and individual/group psychotherapy

**ANDREW DiSAVINO**

*Psychology Executive*

BA, Rutgers University 1984

MA, New School for Social Research 1986

PsyD, Florida Institute of Technology 1990

ABPP in Clinical Psychology

Professional interests: Background in behavioral medicine, neuropsychology, and PTSD. Individual and group cognitive-behavioral psychotherapy with general mental health populations.

**MELINDA DOUANGRATDY**

*Suicide Prevention Program*

Psy.D., 2017, Hawaii School of Professional Psychology, Clinical Psychology

Professional interests: Evidence-based psychotherapies including Cognitive Processing Therapy for PTSD and Dialectical Behavior Therapy for Borderline Personality Disorder. Other interests include psychiatric inpatient treatment, severe psychotic and mood disorders, forensic evaluations (competency to stand trial and criminal responsibility), Motivational Interviewing, Solution-Focused Therapy, and other strengths-based psychotherapy.

**SERENA ENKE**

*Behavioral Health Interdisciplinary Program: Murrieta CBOC*

PhD, 2009, Colorado State University, Counseling Psychology

Professional interests: Group therapy, evidenced-based treatments, incorporating mindfulness into the treatment of PTSD and general outpatient mental health.

**MARISSA N. EUSEBIO**

*Primary Care Mental Health Integration (PCMHI) - Women's Health Center*  
Ph.D., 2021, Palo Alto University

Professional interests: Trauma/PTSD, Women's Health, maternal mental health including post/peri partum depression and anxiety.

**NANCY L. FARRELL**

*Couples Psychologist/ Behavioral Health Interdisciplinary Program*  
PsyD; DrPH; BCB, 2005, Loma Linda University, Clinical Psychology & Public Health Preventive Care

Professional interests: Promote and provide healthy living and preventive care, health behavior change, staff training and health coaching.

**GREGORY S. FOLEY**

*Health Psychology Service*  
Ph.D., 2018, Fuller Theological Seminary, Graduate School of Psychology, Clinical Psychology

Professional interests: Psychological assessment including pre-procedural evaluations, and assessment of psychiatric and medical inpatients; Consultation-Liaison Psychology including individual psychotherapy, psychological assessment, capacity evaluation, and IDT consultation; Chronic pain treatments including CBT and ACT for Chronic Pain, and Biofeedback; Inpatient group psychotherapy.

**SAMANTHA L. FRENCH**

*Neuropsychology*  
Ph.D., 2008, University of Nevada, Las Vegas, Clinical Psychology

Professional interests: Neuropsychology, Geropsychology, dementia, fear of developing Alzheimer's disease, caregiver support, rehabilitation psychology

**PHILLIP G. GABLE**

*Behavioral Health Interdisciplinary Program - Evaluation*  
Ph.D., 2011, Fuller Theological Seminary Graduate School of Psychology, Clinical Psychology

Professional interests: Differential diagnosis, cognitive behavioral therapy, military psychology, military medical planning and operations, organizational consultation.

**MARIAN GHEBRIAL**

*Behavioral Health Interdisciplinary Program: Rancho Cucamonga CBOC*  
Ph.D. 2005, Pennsylvania State University, Clinical Psychology

Professional interests: Axis I and II disorders, namely addiction, trauma, anxiety disorders, relapse prevention, individual, group, and couples' psychotherapy. Cognitive-behavioral and integrative therapy models; motivational interviewing. Research interests include antisocial behavior, psychopathic personality traits and treatment outcome research.

**JASON GOLDSTEIN**

*PTSD Clinical Team (PCT)*  
Ph.D. 2015, University of Louisville

Professional interests: Cognitive Processing Therapy (CPT) and Acceptance and Commitment Therapy (ACT) for PTSD, integrating religious and spiritual themes into therapy, forgiveness, grief and loss, nightmare management, moral injury.

**BRYAN K. GOUDELOCK**

*Psychology Program Manager, Associate Training Director - Psychology, Training Director – Holistic Mental Health Program, PTSD Clinical Team*

Ph.D., 2007, Fuller Theological Seminary, Graduate School of Psychology

Professional interests: PTSD, CPT, PE, Moral Injury, IBCT, Motivational Interviewing, psychodynamic and interpersonal psychotherapy, multicultural/diversity concerns, individual & group psychotherapy, professional training & development, integrating religious and spiritual themes into therapy.

**ELIZABETH M. GRACE**

*Acute Psychiatry, Consultation and Liaison, and Emergency Services*

M.A., 2015, University of San Diego, Clinical Mental Health Counseling

Psy.D., 2020, George Fox University, Clinical Psychology

Professional interests: Psychological assessment (psychodiagnostic and cognitive) for psychiatric and medical inpatients; Pre-surgical evaluations; Brief individual psychotherapy for patients and with acute medical and psychiatric conditions. Additional interests include Acceptance and Commitment Therapy (ACT) psychotherapy, mindfulness, health psychology, mind-body connection as relates to trauma.

**ANTHONY HWANG**

*BHIP Supervisor*

Ph.D., 2010, Brigham Young University, Clinical Psychology

Professional interests: Evidence-based psychotherapies: Cognitive-Behavior Therapy Enhanced for Eating Disorders, Cognitive-Behavioral Conjoint Therapy for PTSD, Cognitive-Behavioral Therapy for Chronic Pain, T.E.A.M.-CBT by David Burns, MD for trauma, depression, and anxiety, and multicultural and diversity issues.

**SHIRLEY C. KILIAN**

*Community Living Center-formerly Nursing Home Care Unit; Neuropsychology*

Ph.D., 2004, Graduate School of Psychology, Fuller Theological Seminary, Clinical Psychology.

Professional interests: Neuropsychology, geropsychology, differential diagnosis

**CORY E. KOWALSKI**

*PCMHI Staff Psychologist*

Ph.D., 2020, Graduate School of Psychology, Fuller Theological Seminary, Clinical Psychology.

Professional interests: Aging and Dementia, Neuropsychology, TBI, brief solution focused therapy, sleep disturbances, caregiver support, Cognitive Behavioral Therapy (CBT), mindfulness, health psychology, mind-body connection, and cognitive rehabilitation.

**CHRISTINA LARSON**

*PTSD Clinical Team (PCT)*

Ph.D., 2011, University of North Texas, Clinical Psychology

Professional interests: Acceptance and Commitment Therapy (ACT) for trauma and depression, Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and moral injury.

**VERONICA LLAMAS**

*Neuropsychology & Polytrauma*

Ph.D., 2014, Loma Linda University

Professional interests: Neuropsychology, geropsychology, non-pharmacological treatments for dementia, polytrauma

**CHRISTINA MANNINO**

*Behavioral Health Interdisciplinary Program*

Ph.D., 2016, Loma Linda University, Clinical Psychology

Professional interests: Evidence-based psychotherapies including Cognitive Processing Therapy for PTSD, Prolonged Exposure Therapy for PTSD, Acceptance and Commitment Therapy for Depression/Anxiety (individual), Cognitive Behavioral Therapy for Chronic Pain (group and individual), Cognitive Behavioral Therapy for Depression (individual), and Cognitive Behavioral Therapy for Insomnia (group and individual). Other interests include trauma work, Mindfulness, and Self-compassion.

### **MOLLY MUNDS**

*Physical Medicine and Rehabilitation; Functional Restoration Program (Pain IOP)*  
Ph.D., 2017, Alliant International University/CPSS Los Angeles,

Clinical Psychology Clinical Interests: Psychological interventions for chronic pain management including Cognitive Behavioral Therapy for Chronic Pain, whole health integration, Mindfulness-Based Stress Reduction (VA-CALM), biofeedback, clinical hypnosis, interdisciplinary program development, Motivational Interviewing for health-related behaviors, assessment and triage for chronic pain. Common comorbidities include SUD, sleep disorders, diabetes, and obesity.

### **JOE NEE**

*Behavioral Health Service: Primary Care Mental Health Integration (PCMHI)*  
Ph.D. 2015, California School of Professional Psychology at Alliant International University, Los Angeles

Professional interests: multicultural and diversity issues, mental health disparities, evidence-based approaches to psychotherapy, short term approaches to psychotherapy, Acceptance and Commitment Therapy (ACT), Cognitive Behavioral Therapy (CBT), and Motivational Interviewing.

### **TRINNIN OLSEN**

*Behavioral Health Service: Primary Care Mental Health Integration (PCMHI), Corona CBOC*  
Psy.D. 2019, Rosemead School of Psychology, Biola University, Clinical Psychology.

Clinical Interests: Whole health, integrated team-based care, psychodynamic psychotherapy, individual & group psychotherapy, professional training & development, leadership coaching, process improvement.

### **DAN PEREZ**

*Behavioral Health Interdisciplinary Program*  
Psy.D. 2020, The Chicago School of Professional Psychology, Clinical Psychology

Professional interests: Moral Injury, Acceptance and Commitment Therapy (ACT) for PTSD, psychodynamic psychotherapy, humanistic/existential psychotherapy, Cognitive Processing Therapy (CPT), individual and group psychotherapy, clinical research.

### **MICHAELA SANDOVAL**

*Psychosocial Rehabilitation Recovery Center (PRRC)/Co-Occurring Recovery Empowerment (CORE)/Dialectical Behavioral Therapy (DBT) Provider*  
Unlicensed Graduate Psychologist; Palo Alto University, Clinical Psychology, Emphasis in Forensic Psychology

Professional interests: Provides individual and group therapy utilizing Cognitive Processing Therapy for PTSD, Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, substance abuse counseling, and Mindfulness. Other interests include Positive Psychology, Motivational Interviewing, research on stigma and discrimination, criminal justice contact, and LGBTQ+ communities.

### **EDWARD B. SINGER**

*Substance Treatment and Recovery (STAR) Program, VA Loma Linda Healthcare System*  
Ph.D. 2013, Alliant International University, Clinical Psychology

Professional interests: Treatment of comorbid substance use and mental health disorders, including PTSD, anxiety and mood disorders. Cognitive-behavioral and integrative therapy models. Cognitive

Processing Therapy (CPT) and Prolonged Exposure (PE) for trauma; Motivational Enhancement Therapy (MET) for substance use; Anger Management; Mindfulness and DBT skills training. Research interests include post-traumatic resilience factors (adaptive humor style, creative expression).

**MARY STEPHENS-LEVY**

*Suicide Prevention- High Risk Therapy Team*

Ph.D., 2007, University of Colorado at Colorado Springs, Clinical Psychology

Professional interests: Evidence-based psychotherapies including Cognitive Processing Therapy for PTSD and Cognitive Behavioral Therapy for Depression (group and individual). Other interests include assessment and treatment of suicidality, Motivational Interviewing, and Interpersonal Psychotherapy Informed treatment for Depression and Complicated Grief.

**RANDY STINNETT**

*Behavioral Health Interdisciplinary Program*

Psy.D., 2010, Loma Linda University, Clinical Psychology  
ABPP, Clinical Psychology

Professional interests: Interests include evidence-based psychotherapy for PTSD including CPT and EMDR; psychotherapy integration of cognitive-behavioral, short-term psychodynamic, and gestalt/process-based models; integration of spirituality themes into mental health.

**DANIEL STROSKY**

*Behavioral Health Interdisciplinary Program: Corona CBOC*

PsyD 2017, Rosemead School of Psychology, Biola University, Clinical Psychology.

Clinical Interests: PTSD, CPT, EMDR, Moral Injury, Motivational Interviewing, psychodynamic and interpersonal psychotherapy, individual & group psychotherapy, professional training & development.

**NELLY A. SWANSON**

*Behavioral Health Interdisciplinary Program - Evaluation*

Psy.D., 2009, Alliant International University (CSPP), Clinical Psychology

Professional interests: Cognitive behavioral therapy, cognitive processing therapy, differential diagnosis, health coaching, professional issues/development.

**KENDRA TRACY**

*PTSD Clinical Team (PCT)*

Ph.D., 2014, University of Nevada, Las Vegas, Clinical Psychology

Professional interests: trauma and sexual victimization/perpetration; Acceptance and Commitment Therapy, Cognitive Processing Therapy, Psychodynamic Therapy, and Diversity, Equity, and Inclusion practices.

**ALISON FLIPSE VARGAS**

*Mental Health Service – Acute Mental Health (AMH)*

Psy.D., 2013, Pepperdine University, Clinical Psychology

Professional interests: brief individual and group psychotherapy for inpatients and outpatients with acute medical and psychiatric conditions; Psychological assessment for psychiatric inpatients & medical inpatients.

**LAUREN WARNER SIMMONS**

*Behavioral Health Interdisciplinary Program: Corona CBOC*

Ph.D., 2004, Oklahoma State University, Counseling Psychology

Professional interests: Evidence-based psychotherapy for PTSD (Cognitive Processing Therapy & Prolonged Exposure), mindfulness based approaches, post-traumatic growth, patient-centered team based care, inter-professional mental health education.

**R. SCOTT WENGER**

*Training Director - Psychology, Integrated Dual Diagnosis Program, PRRC*  
Psy.D., 2003, Pepperdine University, Clinical Psychology

Professional interests: Addiction Treatment, dual diagnosis program, treatment of chronic mental illness, psychological assessment, relapse prevention treatment, individual and group psychotherapy, cognitive behavioral therapy, interests in treatment of personality disorders and psychodynamic psychotherapy.

**ASHLEY WILKINS**

*PTSD Clinical Team (PCT)*  
Ph.D. 2016, Fuller Theological Seminary, Graduate School of Psychology

Professional interests: Evidence-based psychotherapies including Cognitive Processing Therapy (CPT) for PTSD, Prolonged Exposure (PE), Acceptance and Commitment Therapy (ACT) for PTSD. Additional clinical interests include: Moral Injury, the integration of spirituality and psychotherapy, psychodynamic and existential psychotherapy, cultural identities and diversity in therapy, individual and group psychotherapy.

***Trainees***

**Programs represented in recent years:**

**2022-23**

Texas Women's University  
Azusa Pacific University  
Loma Linda University  
Fuller Theology Seminary, Graduate School of Psychology  
Palo Alto University  
Pacific University

**2021-22**

University of Arizona  
Azusa Pacific University  
Fuller Theology Seminary, Graduate School of Psychology  
Palo Alto University  
Loma Linda University

**2020-21**

Alliant International University, San Diego  
Azusa Pacific University  
Fuller Theology Seminary, Graduate School of Psychology  
Palo Alto University  
Loma Linda University

**2019-20**

University of La Verne  
Alliant International University San Francisco  
The Chicago School of Professional Psychology  
PGSP-Stanford Consortium  
Alliant International University Los Angeles  
Palo Alto University  
Loma Linda University  
University of Denver

**2018-19**

Fuller Theology Seminary, Graduate School of Psychology  
Palo Alto University/Pacific Graduate School of Psychology  
Pepperdine University  
Spalding University

**2017-18**

CSPP at Alliant University - San Diego  
Loma Linda University  
Fuller Theology Seminary, Graduate School of Psychology  
PGSP-Stanford Psy.D. Consortium  
Palo Alto University/Pacific Graduate School of Psychology  
University of La Verne

**2016-17**

ASPP-Argosy  
Loma Linda University  
Fuller Theology Seminary, Graduate School of Psychology  
PGSP-Stanford Psy.D. Consortium  
Pepperdine University  
Penn State University

**2015-16**

Loma Linda University  
Fuller Theology Seminary, Graduate School of Psychology  
Palo Alto University  
PGSP-Stanford Psy.D. Consortium  
St. Louis University

**2014-15**

Azusa Pacific University  
CSPP at Alliant University - Sacramento  
CSPP at Alliant University - San Francisco  
Fuller Theology Seminary, Graduate School of Psychology  
University of La Verne

**2013-14**

Loma Linda University  
Palo Alto University/Pacific Graduate School of Psychology  
PGSP-Stanford Psy.D. Consortium  
Pepperdine University  
UCLA  
UNLV

**2012-13**

George Fox University  
Loma Linda University  
Palo Alto University/Pacific Graduate School of Psychology  
PGSP-Stanford Psy.D. Consortium

**2011-12**

Fuller Theology Seminary, Graduate School of Psychology  
The Wright Institute  
University of La Verne  
PGSP-Stanford Psy.D. Consortium

Our previous interns have gone on to work in a wide variety of settings including postdoctoral fellowships, private practice, university teaching positions, forensic settings, VA hospitals, community mental health centers, and health maintenance organizations.

## ***Local Information***

Loma Linda, a city with about 23,000 residents, is located in the "Inland Empire" region of Southern California. It is situated to the east of Los Angeles and approximately 75 miles from the Pacific Ocean. This is an area rich in California history. Agriculture, especially citrus, still plays an important role in the local economy.

The San Bernardino Mountains (with peaks rising to 10,000 feet) can be seen just to the north and east of the Jerry L. Pettis Memorial Veterans Medical Center. The southern Sierra Nevada range is accessible within a half day drive and provides outstanding skiing, hiking, and backpacking trails. The Mediterranean climate makes for ideal weather during most of the year. With approximately 300 days of sunshine, there are unlimited opportunities for involvement in outdoor recreational activities. San Diego, Orange, and Los Angeles County beaches can be explored year-round. Resorts in Palm Springs and other desert communities are accessible within one hour.

The nearby cities of Redlands, San Bernardino, and Riverside provide additional urban benefits, such as affordable housing (relative to Southern California), music, theatres, museums, dining, and entertainment. Los Angeles and San Diego offer an abundance of cultural attractions, sporting events, musical performances, restaurants, nightclubs, and theme parks. For single people and families alike, this region provides a unique opportunity for access to nature, sunshine, the ocean, and entertainment, without the crime and congestion associated with other urban areas.

There are several universities and healthcare training facilities located in and around Loma Linda. Established over 100 years ago, Loma Linda University (LLU) has grown into an internationally recognized center for medical, dental, behavioral, public health, and allied health training. The LLU Medical Center is located less than one mile from the VA Medical Center. Physicians, nurses, and allied health staff provide clinical, research, and teaching services in both places. The University of California, Riverside is currently developing a School of Medicine. The neighboring community of Redlands is home to a private undergraduate university. California State University, San Bernardino provides excellent undergraduate training in psychology and human development.

## ***VA Loma Linda Healthcare System***



The VA Loma Linda Healthcare System, also known as Jerry L. Pettis Memorial Veterans Medical Center, opened in December 1977. It is located on a beautifully landscaped thirty-four-acre site. The four-story Medical Center building contains an internal space equivalent to fifteen football fields. The second-floor houses numerous Mental Health Service staff, including the Substance Treatment and Recovery (STAR) program, pain and health psychology, embedded mental health staff in the Emergency Department, and a 30-bed inpatient psychiatric unit. Other specialized treatment programs include the hemodialysis unit; the Community Living Center (nursing home and

hospice care, 108 beds); medical and surgical intensive care units; and a coronary care center. Neuropsychology and Homeless programs are housed in the newly constructed Valor building, which is just North of the main hospital. In October 2016, the facility opened a 300,000 sq. ft. Ambulatory Care

Center (ACC) a mile up the road from Medical Center. Along with housing many Mental Health Service programs, the ACC also supports a variety of outpatient clinics such as primary care Patient Aligned Care Teams (PACT), Women's health, Post-Deployment Clinic, Preventive Medicine, Physical Medicine & Rehabilitation, and other specialty outpatient services.



Annually, Loma Linda Healthcare System serves the medical needs of approximately 71,000 Veterans. With a dedicated staff ceiling of over 3700 VA employees, hundreds of contract staff across the community-based outpatient clinics (CBOCs, and myriad volunteers, the Healthcare System provides approximately 111,096 inpatient, and 1,236,035 outpatient encounters annually (2018). Five CBOCs and one telehealth satellite clinic affiliated with the Medical Center provide access to care to veterans throughout San Bernardino and Riverside Counties. The Mental Health Service has a robust footprint within VA Loma Linda HCS, serving 23,202 unique patients and generating 204,000 encounters annually (2018). The facility is committed to its training mission and enjoys strong support. To fulfill the agency's three-fold mission of patient care, teaching, and research, the Medical Center is equipped with up-to-date diagnostic, therapeutic, and support equipment. Medical research programs are allocated over 40,000 square feet of space, and an active affiliation is maintained with the Loma Linda University Medical and Dental Schools.

### ***The Veteran Population***

The Medical Center is a federally funded teaching hospital and, as such, is dedicated to the education, research, and provision of innovative healthcare services to Veterans. Our program emphasizes an awareness of and sensitivity to cultural and human diversity as central to all psychological training and future practice. Our goal is to prepare psychologists to work with individuals of diverse ethnic, religious, sexual orientation, and cultural backgrounds. Within the healthcare system, the majority of veterans identify as male, a significant number identify as female, as well as those veterans who identify as other than the binary terms of male and female. Among our cohort, Veterans self-identify as from the following racial/ethnic backgrounds: 1.1% American Indian or Alaskan Native, 2.8% Asian, 14.2% Black or African American, 2.1% Native Hawaiian or Pacific Islander, 64.8% White, 1% multi-racial, and 13.8% unknown or declined to answer.

According to the Census Bureau (2018 data) there are approximately 18 million military veterans, of which 1.7 million are women. Veterans represent about 7% of the U.S. population over the age of 18. Most Veterans served during times of war. The number of Veterans who served during the following periods of service can be broken down as follows: World War II (485,000), the Korean War (1.3 million), Vietnam era (6.4 million), Gulf War (3.8 million), and Post-9/11 from September 2001 or later (3.7 million). The 2018 Census also indicates that the Veteran population is comprised of people who identify in the following ethnic categories (numbers are approximate): Caucasian (13.7 million), African American (2.1 million), Hispanic (1.2 million), Other, non-Hispanic (789,000).